

NEVADA DEPARTMENT OF CORRECTIONS	SERIES 600 HEALTH CARE SERVICES	SUPERSEDES: AR 654 (08/30/93)
ADMINISTRATIVE REGULATIONS MANUAL	ADMINISTRATIVE REGULATION 654 INVOLUNTARY TRANSFER OF INMATES TO NON-PRISON MENTAL HEALTH FACILITIES TEMP	EFFECTIVE DATE: 09/06/03

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PURPOSE

To establish procedures governing the involuntary transfer of inmates to non-prison mental health facilities.

AUTHORITY

NRS 209.131

RESPONSIBILITY

The Director, the Medical Director, Wardens, and mental health staff, have the responsibility to have knowledge of and comply with this regulation.

DEFINITIONS

MENTAL HEALTH PROFESSIONAL – A psychiatrist, psychologist, psychiatric nurse, or clinical social worker involved in mental health treatment.

MENTAL ILLNESS – Any mental dysfunction leading to impaired ability to maintain oneself and function effectively in one's life situation without external support.

MENTAL RETARDATION – Significantly below average intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

NON-PRISON MENTAL HEALTH FACILITY – A hospital or mental health care center that is not governed by the Department such as Lakes Crossing Center for the Mentally Disordered Offender or Northern Nevada Adult Mental Health Services.

APPLICABILITY

Applies to all mentally ill or mentally retarded inmates of the Department.

PROCEDURES

654.01 INVOLUNTARY TRANSFER OF INMATES TO NON-PRISON MENTAL HEALTH FACILITIES

1.1 The involuntary transfer of an inmate to a non-prison mental health facility should be conducted as follows: **(3-4367 and 3-4368)**

1.1.1 Written notice to an inmate that transfer to a non-prison mental health facility is being considered, and apprising him of the procedures as described below.

1.1.2 A hearing of the Interdisciplinary classification Committee will be held no sooner than forty-eight (48) hours after service of written notice upon the inmate.

1.1.3 Evidence relied upon for the proposed transfer will be disclosed to the inmate at the hearing, unless such disclosure would compromise the security of the institution or the well-being of the inmate.

1.1.4 The inmate will be given the opportunity at the hearing to be heard in person and to present documentary evidence.

1.1.5 The inmate will be given a qualified opportunity at the hearing to present the testimony of witnesses and to confront and cross-examine witnesses called by the Department, unless doing so would compromise the security of the institution or the well-being of the inmate.

1.1.6 A mental health professional from the Department who was not involved in the initial decision to request the transfer will be made available to the inmate during the hearing at the inmate's request.

1.2 The Director or the Medical Director/designee will make the transfer decision.

1.2.1 The designee must be a psychiatrist who is not currently involved in the treatment of the inmate.

1.2.2 The Director or the Medical Director/designee will only approve the involuntary transfer of an inmate to a non-prison mental health facility when none of the Department's Mental Health Units are deemed suitable or available, and there is clear and convincing evidence that at least one of the following conditions exist:

- The inmate suffers from a mental illness such that he presents a imminent threat to his own physical safety or the safety of others.
- Because of a mental illness the inmate is substantially deteriorating and this deterioration will continue

1.2.3 A written statement will be prepared by the Director or the Medical Director/designee who makes the transfer decision, indicating the evidence relied upon and stating the specific reasons for the involuntary transfer of the inmate.

- This written statement will be filed in the inmate's I-file, C-file, medical file, and copies sent to the Administrator of Offender Management.
- Offender Management Division will arrange the transfer.

REFERENCES

ACA Standards 3-4367 and 3-4368

ATTACHMENTS

None.

Jackie Crawford, Director

Date

Ted D'Amico, D.O., Medical Director

Date

CONFIDENTIAL

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Yes No

**THIS PROCEDURE SUPERSEDES ALL PRIOR WRITTEN PROCEDURES ON
THIS SPECIFIC SUBJECT.**